

**WEEKLY REQUEST FOR ASSISTANCE (DISASTER RELIEF ACT OF 1974)****State Form 53669 (6-08)****Indiana Department of Workforce Development****FOR OFFICE USE**

1. Primary DOT Code	2. SIC Code	3. Local Office No.
4. Disaster No. FDAA.....DR	Disaster Date	Disaster Announcement Date

Applicant's Name (Last, First, Middle)

Date of Birth (Mo., Day, Yr.)

Social Security Number

Address (No. Street, City, County, State, Zip Code)

WEEK CLAIMED

BEGINNING (must be a Sunday)

ENDING (must be a Saturday)

A. APPLICANT REQUEST

For the week claimed above, answer the following questions by checking the appropriate box. If the answer to questions 2a and 2b is "Yes", complete the information requested in the space to the right of the question).

1. Did you perform any work for another person, or engage in self-employment during the week? (If yes, enter the dates the work was completed, the number of hours worked per day, and your gross earnings for the week (net earnings if self-employed))

DATES WORKED	HOURS WORKED	EARNINGS

2. a. Did you apply for or receive:

- (1) Unemployment benefits (state or federal)? ☐ Yes ☐ No
- (2) Any payments for loss of wages due to illness or disability? ☐ Yes ☐ No
- (3) Any type of private income protection insurance? ☐ Yes ☐ No
- (4) Any amount as a supplemental unemployment benefit (SUB)? ☐ Yes ☐ No

TYPE OF EACH PAYMENT AMOUNT	PERIOD COVERED	
	From	To

- b. Were any amounts payable to you from any retirement, pension or annuity under

a public or private plan or system? ☐ Yes ☐ No

3. Were you able and available for work during each of the week claimed above? ☐ Yes ☐ No

4. Did you accept all work offered during each of the week claimed above? ☐ Yes ☐ No

C. APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT of 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

SIGNATURE OF APPLICANT

DATE (Month, Day, Year)

C. STATE AGENCY DETERMINATION

- ☐ Amount of DUA Payment Authorized for the Week: \$ _____
- ☐ DUA Reduced or Denied for the Week Claimed Above.
- ☐ DUA Termination Date: _____

Reason for Determination

SIGNATURE OF STATE AGENCY REPRESENTATIVE

DATE AUTHORIZED (MONTH, DAY, YEAR)

D. APPEAL RIGHTS

If you disagree with the determination indicated above, you have the right to reconsideration and appeal. You may appeal this determination and request a hearing before an Administrative Law Judge by filing with this local office a written request on DWD Form 601, or in such other manner as prescribed by the Unemployment Insurance Board on or before _____.